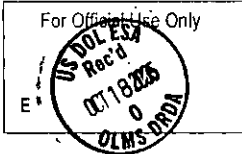


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11825</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <u>Walter S Potts</u> P.O. Box, Bldg., Room No., if any Street <u>912 Franklin Street</u> City <u>Mckeesport</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15132</u>	4. Name, file number, and address of labor organization. Name <u>O.P.&C.M.I.A. Local Union No. 31</u> Labor Organization File Number <u>020-585</u> P.O. Box, Building and Room Number, if any Street <u>1900 Andrew Street</u> City <u>Munhall</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15120</u>
5. Position in labor organization. <u>Vice President/Ben. Fund Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Walter S Potts

On 09/12/2005
Date

412-664-1319
Telephone Number

Name of Person Filing Walter Potts	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local #31 Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 429 Forbes Avenue, Suite 1200</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 17055-6999</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides health benefits to participants.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>\$777.50 Registration and one night hotel for 2004 IFEBP Conference.</p> <p>\$343.36 Wage reimbursement for 2004 IFEBP Conf.</p> <p>\$197.40 Benefit reimbursement for 2004 IFEBP Conf.</p> <p>\$950.00 Registration and one night hotel for 2005 IFEBP Conference.</p> <p>12.b. Amount. \$2,268</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Walter Potts	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Plasterers' Local #31 Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 429 Forbes Avenue, Suite 1200</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15219</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides Pension Benefits to Participants</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>\$777.50 Registration and one night hotel for 2004 IFEBP Conference.</p> <p>\$343.36 Wage reimbursement for 2004 IFEBP Conf.</p> <p>\$197.40 Benefit reimbursement for 2004 IFEBP Conf.</p> <p>\$950.00 Registration and one night hotel for 2005 IFEBP Conference.</p> <hr/> <p>12.b. Amount. \$2,268</p>

October 12, 2005

U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210-0001

To Whom It May Concern:

Please find the enclosed "Corrected" forms LM-30 for Mr. Walter S. Potts and myself. This filing contains information that is absent from our original filing that was mailed on August 15, 2005. We apologize for any inconvenience or misunderstanding but this filing contains information that we were unaware required reporting as it relates to the Local No. 31 Trust Funds.

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "D. L. Taylor", written over a horizontal line.

Douglas L. Taylor